

Virginia I. Jones Alzheimer’s Disease and Related Disorders Council
Spring Grove Hospital Campus, Dix Building Basement
10/17/2018 1:00pm-3:00pm
DRAFT Minutes

Council Member Attendance

Stephen Vozzella
Kirsten Robb-McGrath
Dawn E. Seek
Ana Nelson
Ed Singer
William Neely
Sadie Peters
Bonnie Glick (for Secretary Rona Kramer)
Tabassum Majid
Carole Friend
Quincy Samus
Ilene Rosenthal
Cynthia Fields
Del. Sheree Sample-Hughes
Arnold Bakker
Michele Williams
Katherine Mullen (for Sen. Roger Manno)
Andres Salazar
Marie McLendon
David Loreck

Council Staff Attendance

Annie Olle

Guest Attendance

Pat Kasuda
Brittany Baddish
Chad Perman

1. Welcome and Introductions

- a. The meeting was called to order at 1:06pm by Dr. Peters.
- b. Guest Brittany Baddish introduced herself as part of the Maryland Primary Care Program.

2. Council Vacancies, New Appointments, and Guests

- a. Dr. Peters discussed the following vacant Council positions:
 - i. A physician who conducts research in Alzheimer’s disease and related disorders
 - ii. An individual with early-onset Alzheimer’s disease or a related disorder
 1. Ms. Rosenthal asked about two applicants who had applied for the individual with early-onset Alzheimer’s disease or a related disorder.

Ms. Olle said she would follow up with Kim Bennardi, of the MDH Office of Executive Appointments and Nominations.

3. Approval of April 18, 2018 Meeting Minutes

- a. Dr. Peters and Deputy Secretary Glick asked if there were any comments on the draft July 18th meeting minutes. There were no comments or changes.
- b. Ms. Robb-McGrath made a motion to approve the July 18, 2018 meeting minutes. Mr. Neeley seconded the motion. The Council members approved the meeting minutes. The minutes will be posted to the Council website:
<https://health.maryland.gov/Pages/Alzheimers-Council.aspx>

4. Speaker's Bureau Presentations

- a. **Chad Perman, Maryland Primary Care Program**
 - i. Mr. Perman asked the Council members to introduce themselves. Each Council member provided his or her name and organization.
 - ii. Mr. Perman provided background on the Maryland Primary Care Program and the Total Cost of Care Model. The Model should result in \$900 million in savings as well as improved population health, and a stronger primary care system that will allow people to age in place and be taken care of in the community. The program primarily focuses on outcomes related to hypertension and diabetes. The Program will also integrate behavioral health. There is no cap on practices and practices can follow either track 1, which is standard, or track 2, which is more advanced. The goal is to get all practices to track 2 eventually. Stakeholders for the program include hospital associations, consumers, public health organizations, and local health departments. Mr. Perman presented on projected and actual uptake, benefits to the provider, benefits to beneficiaries, addressing Alzheimer's Disease and related disorders, program requirements, metrics, payment incentives, practice eligibility, and the timeline for the project.
 - iii. During the open application period, from August 1 through August 31, 2018, 595 practices applied to participate in the program. Dr. Samus asked if there was a breakdown of the different types of practices. Mr. Perman said that a breakdown would be available once the applications were processed. Ms. Rosenthal asked if the practices would be listed on the Maryland Primary Care Program website. Mr. Perman said that the practices would be listed once the program begins in January, 2019.
 - iv. Practices will empanel patients, expand office hours, and allow non-traditional office visits including telehealth and e-visits.
 - v. Dr. Peters asked if Mr. Perman could provide information on the matching process between practices and Care Transformation Organizations (CTOs). Mr. Perman explained that when practices applied, they were able to list first and second

preferences for CTOs based on information CTOs provided such as vision statements and services provided. Often practices were already affiliated with a particular CTO. There are currently 21 approved CTOs.

- vi. Ms. McClendon asked who approves the practices for participation. Mr. Perman explained that the Centers for Medicare and Medicaid Services (CMS) approves practices and CMS will inform practices if they are approved.
- vii. Dr. Samus asked if Maryland was the only state with this type of program. Mr. Perman replied that Vermont also has a program, but it is based on a different model.
- viii. Ms. Rosenthal asked if there would be clinical practice guidelines for patients with a diagnosis of Alzheimer's Disease or dementia or without or guidelines for early detection and cognitive assessment. Mr. Perman said that guidelines could be incorporated into the program via a learning collaborative, but that it was important to show the benefit so that providers are not overloaded.
- ix. Dr. Loreck asked how the Council could work with Mr. Perman to move forward and what type of training materials would be useful.
- x. Dr. Fields asked what the Program will look like for burnt out primary care providers. Mr. Perman and Ms. Baddish explained that there would be fewer in-person patient visits, but more contact, including telehealth visits. Also, non-clinical staff would be more involved in patient care.
- xi. Dr. Fields also asked what the role of palliative care and hospice care was in the Program. Mr. Perman replied that there is not anything specific at the moment, but more measures may be added.
- xii. Ms. Seek asked what the practices' responsibilities are when patients are in the hospital. Is communication going to improve? Mr. Perman explained that there would be incentives for hospitals to link to other providers. Dr. Peters mentioned that there was a mechanism for hospital and emergency departments to communicate with providers about patient admissions and discharges—Chesapeake Regional Information Systems for our Patients (CRISP). There was further discussion of using CRISP to track patients. Dr. Peters mentioned that individuals may sign up for CRISP notifications, but that there does not yet exist a way for community-based service providers to use CRISP unless they do so under a licensed clinician.
- xiii. Ms. Seek asked where home health fits into the program. Mr. Perman explained that there will be requirements for what practices need to do, but not how they do it. He expects home health will be involved.
- xiv. Dr. Samus asked if there would be a mechanism to inform the Program about community interventions and resources. Mr. Perman replied that there would be a State learning collaborative and that relationships would be developed with

practices so these practices and providers could provide ongoing input and learn from each other.

- xv. Dr. Peters asked how members of the Council can be involved in the conversation. Mr. Perman replied that a letter stating what primary care practices should focus on now vis a vis cognitive health and dementia care, and what they will need to focus on in the future would be most helpful.

5. Subcommittee Updates

a. Support Prevention and Early Detection of Alzheimer's and Related Disorders (Dr. Loreck (Chair), Ms. Naugle, Dr. Peters, Dr. Salazar, Dr. Bakker, Ms. Nelson)

- i. Dr. Loreck reported that the subcommittee has a working draft of the letter that will be sent to providers and clinicians. The letter should be ready by the end of the week, once the links are added, and will be sent to the members of the subcommittee.
- ii. There is still the outstanding question of who will send out the letter. Dr. Peters mentioned that it might be possible to revisit the idea of sending the letter via the Maryland Department of Health since the Council is tasked to provide advice. Deputy Secretary Glick suggested that the letter could be sent out by MedChi as originally planned. She also suggested that the Council reach out to Mr. Perman of the Maryland Primary Care Program to make sure information regarding Alzheimer's Disease and Dementia is included in the practice guidelines i.e. there could be internal communication to the Department of Health and external communication to providers via MedChi.
- iii. Dr. Samus asked if each subcommittee could draft something to respond to Mr. Perman's question regarding what practices should focus on regarding Alzheimer's Disease and Related Disorders. Deputy Secretary Glick agreed that each of the subcommittees have something to contribute that would be valuable to Marylanders and that getting information to the Primary Care Program may be more impactful than sending information out to providers generally. Deputy Secretary Glick also reminded the Council that this information should be shared with the Primary Care Program soon since the roll out in is January 2019.
- iv. Dr. Loreck said that he wanted to get some feedback on the draft letter from primary care doctors to see what the response would be. He expected to send the letter out to 40-50 people and would have feedback in a couple of days.
- v. Dr. Salazar commented that awareness starts with communication and it was up to the Council to continue to provide education.

b. Enhance Quality of Care (Ms. Ellis, Dr. Majid, Ms. Seek (Chair), Mr. Vozzella)

- i. Ms. Seek reported that the subcommittee had met in August and had worked with Lifespan, which had gotten a grant from OHCQ to provide training on CARES. The

- training was not widespread and not as embraced by the assisted living community as they were hoping. She said they were exploring alternatives with Dr. Nay of OHCQ to see if there was more money on the home care side to provide training.
- ii. Integrate Institute has a training as well. Paying nurses and CNAs to go through the program would work but the program needs money to do that. It would also be helpful if, as part of the training, participants could shadow other providers.
 - iii. Ms. Seek commented that they are looking into finding donors and would take any suggestions. Ms. Rosenthal suggested the Weinberg Foundation.
 - iv. Long term plans are for a residency program for nurses and CNAs directly out of school.
 - v. Ms. Seek asked where is the next generation of caregivers going to come from. The immigrant population has slowed down and there is only a 27 percent retention rate among caregivers because they do not have the tools to be successful. Quality of care will come from creating programs that allow people to be successful.
 - vi. Ms. Rosenthal commented that retention is an issue across the board in health professions. There is a need to create pathways to recruit and retain competent providers. Recruitment needs to start at the high school level – through technical high schools or a magnet program that allows students to graduate with credentials.
 - vii. Dr. Samus commented that it is not possible to train someone in six months. Johns Hopkins could partner for an AHRQ grant to develop teleeducation for dementia. It would be an online collaborative process and would provide teaching beyond the initial training.
 - viii. Pat Kasuda commented that recent legislation in Oregon and Michigan included provisions for training and that similar legislation is needed in Maryland.

c. Enhancing Supports for Persons Living with Alzheimer’s Disease and Related Disorders and their Families (Ms. Carbone, Ms. Rosenthal (Chair), Dr. Samus)

- i. Dr. Samus reported that she has been funded for the Memory Core grant as of September 30, 2021. The Memory Core program provides in-home structured routines and activities for 8-10 hours a week. The program will have a 9-12 week start up period, which will include training, developing workflows, recruiting senior volunteers interested in civic engagement and families that are struggling or need respite. They are partnering with the Alzheimer’s Association to run the volunteer organization. It is important to build something that can be replicated. The program will be in Baltimore City and Baltimore County initially.
- ii. Dr. Samus also discussed Project Echo. The National Alzheimer’s Association partners with organizations to improve quality of care in assisted living, and to increase capacity and knowledge in treating Alzheimer’s Disease and dementia. Project Echo uses Zoom to create collaborative meetings to discuss clinical issues, with experts guiding the conversations nationwide.

- iii. Ms. Rosenthal said she would send a list of nationally developed education programs. The Alzheimer’s Association has the capacity to provide education programs throughout the State.
 - iv. The Memory Core program may show that giving caregivers respite delays the need for individuals to be placed in nursing homes.
 - v. Ms. Robb-McGrath commented that the Council can support Primary Care Program by telling them about available community resources.
- d. **Enhance Public Awareness** (Dr. Fields, Ms. Jones Jolivet (Chair), Mr. Neely)
- i. Dr. Fields reported that the work of the subcommittee is on hold. However, the subcommittee is still considering how best to distribute the Council palm cards. The subcommittee will consider how to contribute to the recommendations to the Maryland Primary Care Program. Dr. Fields commented that end of life care seems to be a missing piece but may be covered in advance planning.
 - ii. Ms. Rosenthal commented that there is legislation in Congress now regarding training in palliative care and hospice care, including having conversations sooner and taking more time for the discussion. If the legislation passes it will create consistency.
- e. **Improve Data Capacity to Track Progress** (Dr. Majid, Ms. Naugle (Chair), Ms. Nelson, Dr. Bakker)
- i. Ms. Naugle reported that the subcommittee was thinking about data capacity when looking at incidence and prevalence of Alzheimer’s Disease and related disorders. Ms Naugle commented that it would be great to have access to Medicaid data.
 - ii. The “25 Actions” has a section on use of data.
 - iii. There was a presentation at the Alzheimer’s Association International Conference regarding a study linking hypertension to mild cognitive impairment. The study was a good example of a way to use data to get the message out about prevention.
- f. Dr. Peters commented that each subcommittee has a platform of issues that can be expanded upon in a letter to the Maryland Primary Care Program. Each subcommittee should send their contributions by November 16, 2018 so the letter can be compiled. Ms. Olle will send an email reminding the Council of the charge.

6. **Public Comment**

- a. Pat Kasuda commented that she has been working with Delegate Ebersole on legislation for memory care standards. Ms. Kasuda let the Council know about standards in Massachusetts and recent legislation in Michigan and Oregon. Ms. Kasuda will share information about the recent standards and legislation with Ms. Olle and Ms. Olle will send the information to the Council.

7. **Adjournment**

- a. Dr. Peters thanked everyone for contributing. Dr. Peters called for a motion to close the meeting. Ms. Robb-McGrath made a motion to adjourn the meeting. Deputy Secretary Glick seconded and the meeting was adjourned at 3:06pm.

**The next meeting of the Virginia I. Jones Alzheimer's Disease and Related Disorders
Council will be held on January 16, 2019
Spring Grove Hospital Campus, Dix Building Basement
1:00pm-3:00pm**